2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

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STAPLE CHECK

DOCUMENT # A06000000602 FILED 400 BEACH STREET LP, LTD. 07 HAY 24 AM 9: 44 SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 321 EAST HILLSBORO BLVD. 321 EAST HILLSBORO BLVD. DEERFIELD BEACH, FL 33441 DEERFIELD BEACH, FL 33441 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01242007 Chg-LP CR2E003 (12/06) City & State City & State Applied For 4. FEI Number 20-4857097 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired XXX Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent STOTZER, THEODORE R Street Address (P.O. Box Number is Not Acceptable) 321 EAST HILLSBORO BLVD DEERFIELD BEACH, FL 33441 City Zip Code Fl 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable DATE FILE NOW!!! FEE IS \$500.00 After May 1, 2007, Fee will be \$900.00 A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner. GENERAL PARTNER INFORMATION 12. 13. ADDRESS CHANGES ONLY P06000062981 DOCUMENT # STREET ADDRESS 400 BEACH STREET, INC. NAME 806193699918 STREET ADDRESS 321 EAST HILLSBORO BLVD. _06/01/07==01010==010 ***589-75 CITY-ST-ZIP CITY - ST-ZIP DEERFIELD BEACH, FL 33441 DOCUMENT # 400103702174 STREET ADDRESS NAME 06/01/07--01014--018 **503.75 STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-S1-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-SY-ZIP 14. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee emprovement to execute this report as required by Chapter 620, Florida Statutes 4.00 BFACH_STREE_LB_ACLUSTREE INC., its general partner SIGNATURE: BX: March 8, 2007 (954) 949-3480 SIGNATURE AND TYPED OR PRINTED NAME Daytime Phone